



ASPLEY ORCHID SOCIETY INC.

MEMBERSHIP APPLICATION

Annual Membership Fees – Family \$20.00 Concession – Family \$15.00
Single \$15.00 Single \$ 10.00

I/We wish to apply for Membership of the *Aspley Orchid Society Inc.* and agree to abide by the rules of the society;

Please print:

Name/s Mr, Mrs, Miss, Ms. _____

Address: _____

_____ Post Code _____

Email. _____

Newsletter online

Newsletter – collect at meetings

Telephone No. _____

Signature of Applicant/s _____ Date: _____

General and day meetings held monthly (February - November) in the Community Hall, Edinburgh Castle Road, Wavell Heights.

General Meetings - 1st Thursday at 7.30pm

Day Group meetings - 3rd Thursday at 9.00am

A New Growers and Improvers Group is run for members on the 3rd Saturday at various venues.

Guests are invited to attend either or all meetings for 3 months and then asked to join if they wish to continue attending.

One year's subscription must accompany this application.

Fees fall due at the beginning of each year.

Members joining after the end of August-will carry through to the end of the following year.

Please be advised Aspley Orchid Society Inc. holds public liability insurance to the value of \$20,000,000.00

Enquiries to - The Secretary- Roslyn Hunt
3865 5615
aspley@y7mail.com

Please return to –

The Secretary

Aspley Orchid Society Inc.

PO Box 323

VIRGINIA BC QLD 4014 – or email your application form and send membership fee EFT,

EFT Details

BSB 484-799

Account 054547071

Proposed _____

Seconded by _____

Date Accepted _____

President _____

For Secretary use

Committee	
Enter in data base	
Enter in society number book- allot soc. number	
Details to editor	
Enter in members list	
Enter in email list	
Enter in Aspley members list	
Send letter of acceptance (hard copy) or place in members pack for presentation at next meeting Eg. If accepted at committee meeting and presented at next day meeting.	
Prepare new members pack- present at meeting or NGIG.	